SECTION 6.
MEDICARE PART B CROSSOVER CLAIM REMITTANCE ADVICE (RA)

The Medicare Part B Crossover Claim Remittance Advice shows claim payment or denial of claims that either crossed over electronically from Medicare or were filed as paper crossover claims. If the claim has been denied or some other action taken affecting the payment, the RA lists an "Adjustment Reason Code" to explain the denial or other action. The Adjustment Reason Code is from a national administrative code set that identifies the reasons for any differences, or adjustments, between the original provider charge for a claim or service and the payor's reimbursement for it. The RA may also list a "Remittance Remark Code" which is from a national administrative code set for providing either a claim-level or service-level message that cannot be expressed with a claim Adjustment Reason Code.

If a claim is denied, a new or corrected claim form **must** be submitted as corrections **cannot** be made by submitting changes on the RA pages.

FIELD NUMBER & NAME		EXPLANATION OF FIELD
1.	Provider Number	The provider's 9-digit Missouri Medicaid number.
2.	Remittance Advice Date	The financial cycle date.
3.	Remittance Advice Number	The Remittance Advice number.
4.	Crossover Part B	The type of claim(s) processed.
5.	Page	The Remittance Advice page number.
6.	Recipient Name	The patient's last name and first name. NOTE: If the patient's name and identification number are *not* on file, only the first two letters of the last name and first letter of the first name appear.
7.	Medicaid I.D.	The patient's 8-digit Medicaid identification number (DCN).
8.	Patient Acct	The provider's own patient account name or number reported on the claim.

9.	ICN (Internal Control Number)	The number assigned to the claim for identification purposes. The first two digits of an ICN indicate the type of claim: 11--Paper Drug 15--Paper Medical 18--Paper Medicare/Medicaid Part B Crossover Claim 40--Magnetic Tape Billing (MTB) includes claims sent by Medicare intermediaries. 41--Direct Electronic Medicaid Information (DEMI) 43--MTB/DEMI 44--Direct Electronic File Transfer (DEFT) 45--Accelerated Submission and Processing (ASAP) 47--Captured Point of Service (POS) 49--Internet 50--Individual Adjustment Request 55--Mass Adjustment 70--Individual Credit to an Adjustment 75--Credit Mass Adjustment The third and fourth digits indicate the year the claim was received. The fifth, sixth, and seventh digits indicate the Julian date. In a Julian system, the days of a year are numbered consecutively from “001” (January 1) to “365” (December 31) (“366” in a leap year). The last digits of an ICN are for internal processing. The ICN number 4003275316999 is read as a Medicare electronic crossover claim that was entered in the processing system on October 2, 2003.
10.	Coinsurance	The amount of the Medicare co-insurance, if any, due on the claim.
11.	Blood Deductible	The amount of the Medicare blood deductible, if any, due on the claim.
12.	Deductible	The amount of the Medicare deductible, if any, due on the claim.
13.	From Date-Thru date	The from and thru date(s) of service reported on the claim.
14.	Other payments	Any payment reported on the claim from another source, e.g. commercial insurance.

15.	Billed Charges	The amount billed by the provider to Medicaid (e.g. co-insurance and/or deductible).
16.	Allowed Charges	The Medicaid allowed amount for the billed charge(s).
17.	Cutback	The difference between the billed amount and the allowed amount.
18.	Payment	The amount Medicaid paid on the claim.
19.	Adjust Reason Codes	Identifies the reasons for any differences, or adjustments, between the original provider billed amount for a claim or service and Medicaid's payment for it.
20.	Proc Code	The CPT or HCPCS procedure code(s) billed by the provider to Medicare.
21.	Modifiers	Procedure code modifiers reported on the claim to Medicare.
22.	Rev Code	Not applicable to professional Part B crossover claims.
23.	MCare Deduct	The Medicare deductible, if any, applied to this claim.
24.	MCare CoIns	The total amount of the Medicare co-insurance, if any, applied to this claim.
25.	MCare Paid	The amount paid by Medicare for this claim.
26.	Category Totals	Each category has separate totals for the number of claims, billed amount and allowed amount. This field also includes totals for cutback and other payments, if applicable.
27.	Number of Claims	Total claims for this provider for this claim type.
28.	Provider Totals	Totals for this provider for this RA.
29.	Number of Claims	The number of claims reported on this RA.
30.	Spenddown Amount	Total Spenddown amount(s) for this provider for this claim.

PROVIDER NUMER: 200000000 **(1)** **STATE OF MISSOURI MEDICAID** RA#1234567 **(3)**

CROSSOVER PART B **(4)** **REMITTANCE ADVICE AS OF 10-10-03 (2)** PAGE 2 **(5)**

RECIPIENT NAME **(6)** MEDICAID I.D. **(7)** PATIENT ACCT **(8)** ICN **(9)** COINSURANCE **(10)** BLOOD DEDUCTIBLE **(11)** DEDUCTIBLE **(12)**

FROM DATE-THRU DATE**(13)** OTHER PAYMENTS**(14)** BILLED CHARGES**(15)** ALLOWED CHARGE**(16)** CUT BACK**(17)** PAYMENT**(18)** ADJUST REASON CODES**(19)**

PROC CODE**(20)** M1 M2 M3 M4 **(21)** REV CODE**(22)** MCARE DEDUCT**(23)** MCARE COINS**(24)** MCARE PAID**(25)**

SMITH, BOB	98765432		X402	4003276009990	$9.03		$0.00		$0.00
07/07/03-07/07/03		$0.00		$9.03	$9.03	$0.00	$9.03 ***		
99213				000	$0.00	$9.03		$36.10	
JO, H	99922201		X0032	4003276004999	$8.00		$0.00		$0.00
04/07/03-04/07/03		$0.00		$8.00	$0.00	$8.00	$0.00	140	
69210				000	$0.00	$8.00		$32.00	
****CATEGORY TOTALS: **(26)**		$0.00		$17.03	$9.03	$8.00	$9.03***		
NUMBER OF CLAIMS= **(27)**		2							
****PROVIDER TOTALS: **(28)**		$0.00		$17.03	$9.03	$8.00	$9.03***		
NUMBER OF CLAIMS= **(29)**		2							
SPENDDOWN AMOUNT: **(30)**		$0.00							